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APPLIED BACTERIOLOGY

BY A BACTERIOLOGIST

AT a recent conference of public health nurses and health officers in Michigan, Miss Foley said, "When a nurse does her work she has given the greatest service there is to give, except one. A nurse's work is to care for the sick and keep well people well." She pointed out that the training school provided ample preparation for the former but the nurse is thrown upon her own resources for the latter.

The work of the public health nurse is almost entirely concerned with keeping well people well. "Keeping well people well" is not, however, exclusively the work of the public health nurse. It is true that the county nurse, school nurse, industrial nurse and the city nurse are fundamentally concerned with hygiene and not with medication. It is through the public health nurse that we, the bacteriologists, realize our broadest field of service.

The private duty nurse or the institutional nurse may have for her job the care of the sick, but who can say when her part in keeping people well begins and when it ends? When the nurse keeps herself free from disease and prevents the spread of infectious germs, she, as well as the public health nurse, joins hands with the bacteriologist.

May I quote from a letter received in our laboratory yesterday from a private duty nurse who found it necessary, while caring for a patient, to function as diagnostician and epidemiologist:

The husband of my patient, who has been confined, is ill with a fever. I think it is typhoid. The doctor thinks it is not. The man is not sick enough to be in bed, so helps with the milk which is distributed to some of the families in the village. I am sending a specimen of feces. Tell me what I can do about this, for the Health Officer is a layman and will do nothing.

Today, we recovered typhoid bacilli from the culture of the feces. This information was turned over to our epidemiological department this morning. By tomorrow the distribution of the milk will be stopped. As the incubation period in typhoid is from ten to twenty-one days, we will not know until the end of three weeks whether or not the man was isolated in time to save further infections. We do know, however, that the nurse saved from three to six days by sending in the right material for diagnosis. This may mean that she has prevented an outbreak, as the man might infect the milk one day and not another, or it may mean that she has prevented several cases.

What would you have done under similar circumstances? Are you immune to typhoid? What is typhoid vaccine and how does it protect against typhoid fever? Which is more valuable to confirm diagnosis of typhoid fever,—blood for Widal test, or feces for culture?